

[Letter to go on CSI letterhead, but signed by the chair of the Advisory Council]
Updated: 10/18/11

Dear provider/respondent:

The Commissioner of Securities and Insurance (CSI), Montana State Auditor, Monica Lindeen, has convened the Patient-Centered Medical Home Advisory Council and charged the group with developing recommendations for a patient centered medical home pilot project for the State of Montana. We, as advisory council members, feel it is critical to reach out to Montana health care providers for assistance and guidance as we develop recommendations for a patient-centered medical home pilot project in Montana.

The Advisory Council is comprised of primary care providers, insurance company leaders, patient advocates and a variety of other relevant organizations from both the private and public sector. The group has been consistently working for over a year on developing a medical home framework for Montana.

We need your help. Please take this opportunity to impact the care delivery system in our State and to support and incentivize primary care through augmented reimbursement mechanisms. The council is committed to success and the most important success factor in implementing a medical home initiative is engagement and participation of primary care providers.

We would like to learn more from providers regarding your understanding, experiences and questions you may have about what PCMH. Please take a few minutes to go to [link] and fill out the short survey. It will take less than 10 minutes. Please complete it by (November 4th?) You will be asked to identify your practice so we can be in touch with you, but there is also an option to remain anonymous if you prefer.

The survey is being administered by TransforMED [link?] without cost to the State of Montana. This letter/survey does NOT constitute the CSI's approval of any product offered by this company. Any representations by the company that a product has been approved or otherwise found acceptable by the State of Montana, based upon this letter/survey are expressly prohibited.

The results of this survey will be tabulated and the results will be available on the Commissioner's web page at www.csi.mt by (Insert Date Here).

Thank you for your prompt response.

Robert Shepart, MD
Chair, PCMH Advisory Council

Jonathan Griffin, MD
Vice-chair, PCMH Advisory Council

Section 1: Please respond to the following items based on any current knowledge you have about the Patient Centered Medical Home (referred to as PCMH for the purposes of the survey.)

PCMH Concepts:	Strongly disagree	Disagree	Unsure/ Neither	Agree	Strongly Agree
1. I have NOT heard about PCMH					
2. The PCMH concept of whole- person care is strongly needed in primary care.					
3. Moving care to a physician-led team will help improve the quality of care for our patients.					
4. We have started to explore how PCMH can be adopted in our practice.					
5. We've looked at how PCMH can work in our practice, but are unsure it could work for us.					
6. The National Committee on Quality Assurance (NCQA)* has a solid program for PCMH recognition.					
7. Our practice has applied for NCQA * recognition successfully. (If yes, see section II below)					
8. We are strongly considering applying for NCQA recognition within the next 12 months.					
9. We prefer another organization's recognition standards					
10. We are aware of the efforts of the PCMH Advisory Council convened by Insurance Commissioner Lindeen.					
11. We would like to receive more information on the activities of the PCMH Advisory Council					

Section II

1. If you are NCQA-recognized, or have applied to be, please indicate which version and level of recognition below (if you skip this section, we will conclude that you have not attempted recognition as of this survey):

NCQA Version 2008 or 2011	Use radio buttons to ensure only ONE response is possible for each version of NCQA			
NCQA Version 2008	Level 1	Level 2	Level 3	N/A

NCQA Version 2011	Level 1	Level 2	Level 3	N/A
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Section III – Your responses to the following questions will help us understand better your thoughts and reactions to PCMH as a concept for primary care.

	Not at all	Small degree	Not certain	Moderate degree	Great degree
1. To what degree do you believe there should be some type of regulation required for primary care practices to demonstrate their ability as PCMH?					
2. To what degree do you believe there should be a state wide effort to help primary care practices become PCMH?					
3. To what degree have you been able to practice medicine in the way you envisioned when you were in medical school and your residency?					

4. What do you see is your greatest need for your practice and/or patients in the next three years?
(Rank your top three needs in order, 1=top priority)

Rank	
	Purchasing or upgrading an Electronic Medical Records system
	Obtaining a data registry for quality improvement measurement
	Meeting “Meaningful Use” requirements
	Managing quality outcomes more effectively
	coordinating care with specialists
	Addressing revenue gaps
	Staffing needs and skill development
	Other:
	Other:

5. Please provide your suggestions about how you would benefit from knowing more about the PCMH the requirements for transforming your practice?

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Section IV – Demographic Information – for analysis purposes please complete the following information with responses that most closely identify the profile of your practice.

Tell us about your practice:					
1. Which best describes your practice?	Solo Practice	2-4 MDs/Docs	2-4 MD incl. NP/PA	5 or more	Multi-specialty/Hospital
2. Which specialty best describes your practice	Family Medicine	Internal Medicine	Pediatric	NP Led	More than one
3. How many clinical staff members do you have?	2 or less	2-4	5-7	7 or more	Residency with 5+ faculty plus residents
4. How many administrative staff members do you have	2 or less	2-4	5-7	7 or more	7 or more
5. Do you have an automated Practice Management System?	Yes	No	Still on Paper		
6. Do you have an Electronic Medical Record/Electronic Health Record?	Yes	No	Still on Paper		
7. If you answered yes to #6 – how long have you been on the EMR/EHR	Less than 2 yrs	2-4 years	5 or more years		
8. If you have both an automated PM system and EMR/EHR are they linked?	Yes	No	Unsure		
9. If you answered yes to #5: Do you use a Registry to conduct Population Management with your pt. panel?	Yes	No	Manual	Analysis of ICD 9 codes	Unsure
10. If you answered No to #5 – do you have plans to purchase an EMR/EHR in the near future	Within 1 year	2 -3 years	4 or more years		
11. Do you have processes and/or technology support in place to report on Meaningful Use requirements?	Yes	No	Not Sure	Still exploring how to do this.	
12. How difficult is it for your practice to coordinate care with specialists in your state?	Not at all difficult	Somewhat difficult	Very easy – part of system/or hospital		
13. To what degree do you use telemedicine to meet care needs for your patients?	Not at all	Only thru another practice's	I refer my pts to the system or		

		resources	hospital		
14. Approximately how many patients are in your total practice panel	1000-2500	2501 – 4000	4001 – 8000	8001 – 10,000	More than 10,000
15. Which best describes your location	Mostly Rural	Small Town <15,000	Larger Town 15,000-30,000	Small City 30,000-50,000	Metropolitan Statistical Area >50,000
16. How many years have you been in practice	< 2 years	2-4 yrs	5 -7 yrs	8-15 yrs	16 or more yrs.

Check here if you prefer to remain anonymous:	<input type="checkbox"/>
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Person filling out the survey:

Name:	
Email:	
Phone:	

Medical Practice:

Name:	
Location:	

Thank you for your time and attention to this important survey. You may access the results by (insert date here) at (insert information about access to aggregated results).

*National Committee for Quality Assurance (NCQA) website will provide additional information about recognition: <http://www.ncqa.org/tabid/631/Default.aspx>